State of California—Health and Welfare Apency:
Form Approved OMB No. 2050—0039 (Expires 9-90-91)
Please print or type. (Form designed for use on elife (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Edizion Secremento, Celifornia

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			01013161418131   1		Of 1			manufactur et plant in the property and in the latest and the property of the party
1		3. Generator's Name and Mailing Address PARA PLATE				A. State Manifest Document Station 88676928		
•		15910 SHOEMAKER, CERRITOS, CA 90701			S. State Generator's C			
l	9	4. Generator's Phone (213 )404-3434						
220		Transporter 1 Company Name     6	. US EPA ID Number		C. State Transporter's 10 5 10.3 5 4			
2.75		OMEGA RECOVERY SERVICES	CIAIDIO141212141		D. Treasporte		(213	) 698-0991
-85		7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter & D.						
8		9. Designated Facility Name and Site Address 10. US EPA ID Number G. State Facility & D						
		OMEGA RECOVERY SERVICES						
Ş		12504 E. WHITTIER BLVD						
∞≰	i	WHITTIER, CA 90602   CIAIDIOI 42 24 5 0 0 1   (213) 698-0991						
		11. US DOT Description (including Proper Shipping Name, Hazard	•	12. Conta	iners 13.	Total Quantity	14. Unit	Weste No.
(0)			Ciass, and its remoter)	No.	Туре		WI/Voi	State
<u></u> 0		" Waste orm-a n.o.s na 1693	ORM-A					Sidio
ယ္≝ြ	G	(FLEXOSOLVENT)				MA	ای ا	EPA/Other
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88		J. Additional Descriptions for Materials Listed Above			K. Handling	Codes for V		sted Above
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88676928 the national response center 1-800-424-8802; within california call 1-800-852-7550		15. Special Handling Instructions and Additional Information						
A A		15. Special Handling Instructions and Additional Information						
뽀								
CALL		16.						
		GEMERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and						
SPILL.		national government regulations.						
8		If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the						
>		present and luture threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
EN	200	Printed/Typed Name	Signature		_			-Menth Day Year
8	₩	Frank E. Hernandez	7 NK	Me				064389
AN EMERGENCY	Ť R	17. Transporter 1 Acknowledgement of Receipt of Materials						
N N	Ä	Printed/Typed Name	Signature	M	7/-		•	Month Day Year
P	SP	KONERT J CIRINGEON	1 / (a)	Wy_	(in)	Qer.	2/	DOUTRIDA
Ж	O R	18. Transporter 2 Acknowledgement of Receipt of Materials	(6)					Month Day Year
CASE	TE	Printed/Typed Name	Signature					1 1 1 1 1 1
<b>ĕ</b>  -	<u>.</u>	19. Discrepancy Indication Space				Children Consideration	<del></del>	
	F	19. Discrepancy indication opace						
	Α							
	C							
	Ĺ	20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as pared in Item 19						
	Ϋ́Υ	Printed / Typed Name	Signature	1		1		Month Day Year
		FRANK FORD			For	245		10/6/13/8/7

DHS 8022 A (1/88)

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